

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/584 822</b>	FILING DATE <b>6-26-06</b>
							APPLICANT(S)	
CLAIMS								
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		1						
5		1						
6		1						
7	1							
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TOTAL IND.	6	↓	0	↓	0	↓		
TOTAL DEP.	12	←	0	←	0	←		
TOTAL CLAIMS	18		0		0			
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100								
TOTAL IND.	0	↓	0	↓	0	↓		
TOTAL DEP.	0	←	0	←	0	←		
TOTAL CLAIMS	0		0		0			

PTO - 1360 (REV. 04/2007)

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